

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-0588.M5

MDR Tracking Number: M5-04-2887-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-5-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The celebrex, cyclobenzaprine, and hydrocodone/apap were from 5-9-03 through 7-9-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service from 5-9-03 through 7-9-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 27th day of August, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

NOTICE OF INDEPENDENT REVIEW DECISION

July 21, 2004

AMENDED LETTER 07/29/04

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
 MDR Tracking #: M5-04-2887-01
 IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in family practice which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1976. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History:

This is a 67 year-old female who suffered a repetitive-type injury to her low back on ____ from bending and squatting. She has been unable to work since the injury. Her family practice physician lists her diagnosis as lumbar intervertebral disc syndrome with radiculopathy. He states that he ____ plans to continue all her current medications and to ____ monitor her condition. He also states that she will remain permanently and totally disabled due to her pain and weakness as well as the medications' effect on her concentration and attention span.

Requested Service(s):

05/09/03 - Celebrex 200mg #60; 06/10/03 -Hydrocodone/APAP 10/325 #150; 07/09/03 -Cyclobenzaprin 10mg #60 and 07/09/03 -Hydrocodone/APAP 10/325 #150

Decision:

It is determined that celebrex, hydrocodone/APAP and cyclobenzaprin prescribed between 05/09/03 and 07/09/03 were considered medically necessary to treat this patient's condition.

Rationale/Basis for Decision:

This 67 year-old woman was taking Celebrex 200 milligrams twice daily for inflammation (soreness), Hydrocodone/APAP 10/325 1 or 2 tablets every 4 to 6 hours for pain, and Cyclobenzaprin 10 milligrams twice daily for muscle spasm. The pain incident began 6 years earlier. The medical documentation states that from May to July 2003 the patient had unquantifiable pain, lumbar stenosis, degenerative disc disease and spondylosis, leg pain with stiffness and neuropathic symptoms. The pain was myofascial and mechanical lower back pain. Adequate testing had been performed and multiple consults had been sought. The pain medication, anti-inflammatory medication, and muscle relaxants were administered to make the patient functional and were monitored for side effects and abuse potential. There is no indication in the patient's medical record that the patient was adversely affected by the medication. Therefore, the medications, celebrex, hydrocodone/APAP and cyclobenzaprin prescribed between 05/09/03 and 07/09/03 were considered medically necessary to treat this patient's condition.

Sincerely,